

Hello, I am Eddie Burnett, President of the American Federation of Government Employees Local 1739 at the Salem VA Medical Center and also the VA Regional Office in Roanoke. I represent over 1,500 bargaining unit employees.

- 1. The CARES Commission seems to ignore the fact that there is an ever-increasing cost to the federal government in renting and maintaining non-federal accommodations for the housing of COBC's and an increase in cost to provide staffing from the private sector. Fee basis cost for a physician is considerably more expensive than to pay the salary of a full-time physician. Often times these costs could be as much as double. Permanent VA employees have tended to be more responsive and interested in providing the best care for the Veterans compared to fee basis employees. Curently the funding levels have not been adequate to provide the necessary care for our Veteran population. Funding for CBOCs would decrease the needed funding to provide medical treatment such as bed capacity, laboratory tests, radiological procedures, medications, and other such costs. They are disregarding areas on VA Medical Center grounds which were once patient care areas, but are now maintained and used as storage space or warehouses. These are wastefully utilized and could be used in a more effective manner to provide care for our Veterans.**

- 2. If the CARES Commission is looking to the VA's future and the needs of Veterans, these vacant areas across the nation should be maintained to provide care. This would be one way of meeting the needs of the growing number of elderly and mentally ill veterans and decreasing the cost of care.**
- 3. The Salem VA Medical Center currently sees well over 1,000 mentally ill Veterans per month in an out-patient arena, on Medical Center grounds. This is an example of using VA property in an effective manner. Yet, we maintain just barely enough beds for acute psychiatric admissions. The CARES Commission is failing to look at or consider the increasing in-patient hospital care needs of our Veteran population.**
- 4. CBOCs are limited as to the services that they can provide and is basically limited to only giving limited out-patient treatment. The CARES Commission seems to be interested in minimal care for more, rather than quality care for all. This is not what our Veterans deserve.**
- 5. The mission of Medical Centers is "Putting Veterans First." This means each Veteran's need should come first no matter what the total number of Veterans. "Putting Veterans First" says we provide services that promote a high quality of life and a high quality of medical services for our Veteran population. Each of us want to see**

that our family is provided quality care in meeting the medical needs. This same statement holds true for our Veteran population. Our Veterans want cost-effective quality of care that is provided in a timely manner. The Veteran wants to see that all of his medical needs are met in a centralized area that can provide all needed services.

- 6. The employees I represent are dedicated, caring individuals who are aware and appreciate the sacrifice made by the men and women of this great land to afford us the very freedoms we hold so dear today. The CARES Commission fails our Veterans using number-driven data statistics alone to develop a plan that will not meet the needs of the Veterans as a whole.**
- 7. The increasing numbers of soldiers in the current war in Iraq, Afghanistan, and any future conflicts are not figured in the CARES Commission's projected data even though the projection is for 20 years. How can the CARES Commission claim effective, productive plans with such dysfunctional data? This is our question.**
- 8. In the Roanoke Valley and surrounding areas, many factories and businesses have closed down. Veterans are out of work and insurance benefits. The Salem VA Medical Center is bursting at the seams trying to provide care and meet the needs of Veterans, while the numbers continue to rise due to unforeseen situations during**

this time of recession. Veterans are saying more and more that their preference for care is the VA Medical Center over HMOs.

In light of the data not included by the CARES Commission, my conclusion is that the CARES Commission has little interest in the needs of the elderly and the mentally ill Veterans and has even less interest in the young soldier of today nor have they considered the important factors that have the potential to significantly impact the Veteran population.

My conclusion of the CARES Commission is that their findings are not based on complete and accurate data. The Commission is failing to realize that we must not only continue to the care for the Veterans we currently have, but also make the accommodations available to care for the soldiers who are currently deployed that will come home as Veterans and for our future soldiers. This care needs to be available not only on an out-patient basis but an in-patient basis to accommodate our Veterans needs and our "Putting Veterans First" promise.

Good morning - or Good afternoon. I am extremely grateful for the invitation to be here today and express my concerns about CARES (Capital Asset Realignment for Enhanced Services).

My name is Bob Fetzer. I am the President of the Fourth District of the National Veterans Affairs Council, a bargaining council of the American Federation of Government Employees. The Fourth District covers West Virginia, Virginia, North Carolina, and Maryland. I am also the AFGE VISN 6 Liaison. I speak today on behalf of 6,000 bargaining unit employees who work in 8 facilities in VISN 6. These are the people who will be most affected by the CARES process. These are the people who actually put their hands on our nation's veterans. These are the people who work small miracles every day, doing more with less under ridiculously trying conditions, after being on duty for 15 hours, for less pay than they could earn in most other health care facilities. They do it for the veterans who did it for them.

The CARES process is seriously flawed. As an example, in VISN 6, AFGE, the major employee stakeholder, was not involved at the network level in developing the plan for VISN 6. The recommendations fail to properly account for the growth in elderly veterans, particularly the number of very elderly veterans -- those who are over 85 years of age. The implicit assumption is that we are going to stop having these people taken care of by VA employees, that we are going to ship veterans to people who do not have the mission of this department and do not have the expertise in caring for veterans who have well documented distinct health care problems, different from the general population.

Further, this breaks a solemn promise made to each and every man and woman who has worn this country's uniform, and first given breath by Abraham Lincoln when he said we were to care for he who has born the battle and for his widow and his orphan. I do not believe that Abraham Lincoln thought we were going to do this by turning our veterans over to the tender mercies of an HMO whose primary reason for being is to make a profit.

Moreover, I challenge the resources of this commission to identify the manner in which it is cost-effective to privatize veterans' long-term care. Any honest look at the results of comparing the cost of care between VA and private industry consistently shows that we have lower morbidity and mortality rates and that our treatment is cheaper. The treatment of the elderly is very expensive and all too often private facilities do not provide the therapists, technicians, clinicians, registered nurses, doctors and host of other health-care workers needed at the levels required to insure the proper standard of care that our veterans deserve. (Frankly, I am afraid that standard isn't met for our general population, but that is not the issue before us today.) Can we ask that our veterans receive less care? Can we really ask, as one of the staff members put it, that we are not here to provide more than the average dollar value of care for our veterans? I think that we currently

provide outstanding care and while 3 billion more would allow us to give that care to more deserving veterans, closing facilities and cutting back will surely deprive veterans of the care they should be receiving.

Closing or downsizing VA facilities that can be refurbished to meet long-term care needs wastes precious dollars and opportunities to care for a growing segment of our veteran population, the elderly. The need is greater than our current beds can handle. The need is greater than our nurses and doctors can handle. We should be expanding facilities, not closing or downsizing.

I know that the nation-wide CARES plan includes both expansion and closures; however, I have witnessed this kind of shell game before. I say if this commission is serious in that goal, do the expansion first. Make sure all expansions are fully funded, built, and operational before closing one bed. I know the cry will be to close everything now, but once that happens, there will be those who say; "See, there aren't any more veterans. They are someplace else. We don't have to do any expansion." Nothing could be further from the truth. The facts are that there are even more veterans, but if you close a facility, or part of a facility, veterans will be someplace else getting treatment -- treatment that isn't as good as we give now. But, the capacity to treat will be gone and once that expertise and desire is gone, you cannot simply wish it back. It took decades of dedication to build this. Unfortunately, it won't take more than a pen stroke to severely cripple it.

Note carefully this point: The jobs that some propose to end are jobs that are usually held by veterans. We employ a greater proportion of veterans than the private sector; and, this will throw veterans out of work and onto the street. These jobs are often among the best in the community, with good benefits and pensions, good salaries and insurance, good training and career development. Further, we are a diverse work force that is committed and motivated by the idea of taking care of an honored segment of the population.

The private-sector trade association has estimated that it will cost \$100,000 to care for a patient per year, over the next decade. Our not-for-profit system cannot only provide superior care, but cheaper. I have heard the stories. I can't believe you haven't. The ones about the grandparent who was in an expensive nursing home and had her jewelry stolen, who saw bugs (and when you were wondering how that could be, you may have seen them too), has told you how he rang and rang for service that never came (and then you looked all over the facility to talk to a doctor). Understaffing is ubiquitous in the private long-term care facilities. It isn't due to a lack of desire. It is simply due to a lack of profit. The buildings are here now in VA. We need to use them properly. That would save a great deal of the funding required to care for our nation's honored veterans. Let's honor them in fact, not just with words.

Psychiatric inpatient beds are being reduced. Access to care is being reduced. In some cases, Congress has stepped in. Let's not wait for that to happen again. Let's

do the right thing for our veterans. Let's provide them the long-term psychiatric care that makes them better, instead of warehousing them or "treating and streeting" them. Additional beds would do long-term good. The goal should not be short-term savings. A continuity of care is well established as the most successful way to treat this segment of our veteran population. You gave a chance to make this a reality, if you ask for the figures and act to improve quality of care rather than save money.

VA says it wants "Enhanced Use Leases." There is no data to show that the private sector will be able to cover VA's needs in this manner. Where is the management mantra of "data driven decisions?" And, even if some private facilities manage to come close to our costs, they will fall short in quality, they will fall short in the proper goal of veterans caring for veterans, and they will fall short of the vision Abraham Lincoln showed us.

Don't think this is true
 CARES is not about moving facilities and capacity to the veterans. That is an empty slogan. If it were, the only thing that would be proposed is reconfiguring facilities to care for the changing nature of the veteran population and building new facilities, as well. There are more veterans than ever who could be treated in North Carolina. Unfortunately, as the CARES process seeks to close parts of facilities in North Carolina, rather than open them, CARES is leaving the veterans of North Carolina.

Privatization will cost more and veterans will get less. Veterans will lose their jobs. Taxpayers will lose skilled and dedicated workers. While private nursing homes and facilities will be even more swamped by patients whom they are not equipped to treat, we will watch as this nation again avoids making the hard choices to support decades of dedication, by veterans and the people who have served them. Turn this process in another direction. Turn this process toward fulfilling the promise their recruiters made to them when they signed up decades ago. Ensure the promise that we here not to merely spend less but to care for he who has born the battle.

In North Carolina, Virginia, and Beckley, West Virginia, the VA is considered a world-class, health-care provider. The veterans, the community, and the employees are dedicated to the care and service of our veterans. Our greatest challenge is providing proper resources to care for the veterans. Our veterans do not want to rely on a private health-care system that is already over-stretched, overburdened, and does not provide the unique care the VA does. There is an old adage "If it ain't broke, don't fix it." Well, the system ain't broke and until it is, there is no need to fix anything.

We need to work together to ensure that our buildings, resources, and assets are channeled to the men and women who were given the promise of lifetime health care by the Department of Veterans Affairs.



NATIONAL ASSOCIATION OF GOVERNMENT EMPLOYEES

AFFILIATED WITH THE SERVICE EMPLOYEES INTERNATIONAL UNION, AFL/CIO

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August 15, 2003

Richard E. Larson
Executive Chairman
CARES Commission

Dear Mr. Larson,

First, I would like to thank you for the invitation and the opportunity to address the Commission on behalf of the veterans we serve and my union members.

I fully understand the CARES initiatives and we are not here to oppose or endorse the initiative.

In an attempt to understand and comprehend the CARES process, I and other members of my staff attended the CARES presentation at VISN 6 and attended several meetings at my local facility. We have reviewed numerous documents from various sources including the Under Secretary's Qs & As on CARES. In reality we have received a numerous amount of data on the process.

NAGE at this time, respectfully ask that the Commission attempt to clarify this proposal in an effort for all the stakeholders to understand the full impact. Lastly, we ask that if and when the CARES initiatives are approved, you make it part of your recommendation that an Oversight/Advisory Board be appointed with the membership being a diverse group of stakeholders to oversee and ensure that the proposals that are approved are indeed followed through. This would serve a dual role of ensuring the employees veteran's organizations and the American people their tax dollars are being used efficiency. Further, it would provide the Secretary with the means of accountability while ensuring fiduciary responsibility and quality management of the CARES initiatives from the beginning of implementation to the conclusion of the process.

Unfortunately, I'm not able to appear before you, but will send a representative to represent this local.

Sincerely,

Donald E. Thierry,
President, NAGE Local R4-17
VAMC, Hampton, Va. 23667

American Federation of Government Employees

LOCAL 2345

Veterans Administration Hospital, Durham, NC 27705

Member AFL-CIO

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September 10, 2003

Ms. Nicole Amondson
Executive Director
CARE Commission
Washington, DC

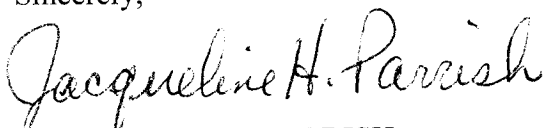
Dear Ms. Admondson:

I appreciate the invitation to address the CARE Commission on Friday, September 12, 2003, at 9:30 a.m. at the Marriott Hotel.

Enclosed is a written statement and I understand it will be entered into the record in its entirety. If possible, please notify me as to the specific time I will be able to address the Commission. I can be contacted at (919) 286-2764.

Again, I would like to thank you for the opportunity to speak to the Commission and participate in this public hearing.

Sincerely,

A handwritten signature in cursive script that reads "Jacqueline H. Parrish".

JACQUELINE H. PARRISH
AFGE President, Local 2345

As president of AFGE Local 2345 representing over 1000 plus hard-working dedicated employees, I appreciate the opportunity to address the CARE COMMISSION. The goal of COMMISSION is the same as our Local Unions, to provide the best possible care for our nation's veterans. My comments will address the initiative before you that outlines a proposal for expansion of facilities in VISN 6.

The cares process is seriously FLAWED. For example, in VISN 6, AFGE, the major employee stakeholder, was not involved at the Network level in developing the plan for VISN 6. The

recommendation failed to take into account of the fact that the population of elderly veterans will grow by 500,000 over the next seven (7) years and the number of the very elderly veterans (age 85 and above) will triple to over 1.3 million, at least, during the next 20 years.

The Cares Plan says that it includes both closures and expansion. Nothing should be closed until all the expansions are funded, built and operational. To close facilities without making sure that expanded facilities are funded, built and operational elsewhere, risks depletion of the

veteran's systems capabilities. When capacity is lost, the VA will be able to prioritize and say "no one will lose his/her job".

The Cares Plan means the destruction of jobs held overwhelmingly by veterans which will increase the number of indigent veterans needing care and housing. Jobs at VA facilities are some of the best jobs in any community. They have good pensions, health insurance, regular salary adjustments, training and career development potential. The work force is diverse. The commitment to our veterans is a top motivator of this workforce. The same will be true in private facilities. However, the veterans will be a

minority and no one will consider the special problems and/or needs they may have.

In conclusion, Cares is not about moving facilities and capacities to locations where the veterans are located. It is about closing down facilities and reducing capacities so that veterans' care can be prioritized and veterans no longer have access to specialized "veterans only" facilities and care. Privatization will cost more and veterans will get less, -- less quality care, less continuity of care, less specialized care, less commitment, and less recognition for serving our nation. But private nursing home operators will win tremendously.

It is imperative that the Commission protects the work of the dedicated Federal employees and the important services they perform.

Again, I would like to express my sincere gratitude to the Commission for allowing me to present my concerns today.